## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

101 5/07/12

| Effective December 8, 2004                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                           |       |              |                                 |                  |   | 10/567912         |                        |    |                               | 2                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|-------|--------------|---------------------------------|------------------|---|-------------------|------------------------|----|-------------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | CLAIMS AS                                 |       | D - PART I   | (Column 2)                      |                  |   | SMALL ENTITY TYPE |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |
| U.S.                                                                                                                                                                                                                                                                                                                                                                                                            | NATIONAL ST                                 | TAGE FEES                                 |       | ,,           | ·                               |                  |   | RATE              | FEE                    |    | RATE                          | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                           |       |              |                                 |                  |   | BASIC FEE         |                        | OR | BASIC FEE                     | 300                    |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                           |       |              |                                 |                  |   | EXAM. FEE         |                        |    | EXAM. FEE                     | 250                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                           |       |              |                                 |                  |   | SEARCH FEE        |                        |    | SEARCH FEE                    | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                           |       | minus 100 =  |                                 | / 50 =           |   | X \$ 125 =        |                        |    | X \$ 250 =                    |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                           | 21    | ) minus 20 = |                                 |                  | 1 | X \$ 25 =         |                        | OR | X \$ 50 =                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                           |       | minus 3 =    |                                 |                  | 1 | X \$ 100 =        |                        | OR | X \$ 200 =                    |                        |
| MUL.                                                                                                                                                                                                                                                                                                                                                                                                            | TIPLE DEPENC                                | DENT CLAIM PRE                            | SENT  |              | <del></del>                     |                  | 1 | + \$ 180 =        |                        | OR | + \$ 360 =                    |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                        |                                             |                                           |       |              |                                 |                  |   | TOTAL             |                        | OR | TOTAL                         | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                   |                                             |                                           |       |              |                                 |                  |   | SMALL E           | NTITY                  | OR | OTHER T                       |                        |
| ۲A                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | NUM<br>PREVI | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                       | Total                                       |                                           | Minus | /            | 70_                             | - /              |   | X \$ 25 =         |                        | OR | X \$ 50 =                     |                        |
| MEN                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                 |                                           | Minus | ***          | 3                               | = /              | ] | X \$ 100 =        |                        | OR | X \$ 200 =                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT    |                                           |       |              | CLAIM                           |                  | ] | + \$ 180 =        |                        | OR |                               |                        |
| Г                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                           |       |              |                                 |                  | _ | TOTAL ADDIT.      |                        | OR | TOTAL ADDIT.                  | <b>/</b>               |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | (Column 1)                                |       |              | umn 2)                          | (Column 3)       |   |                   |                        | _  |                               |                        |
| т.в                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | NUA<br>PREVI | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| DMENT B                                                                                                                                                                                                                                                                                                                                                                                                         | Total                                       | •                                         | Minus | **           |                                 | =                | ] | X \$ 25 =         |                        | OR | X \$ 50 =                     |                        |
| AMEN                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                 | •                                         | Minus | ***          |                                 | =                | 1 | X \$ 100 =        |                        | OR | X \$ 200 =                    |                        |
| ^                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL |                                           |       |              | CLAIM                           |                  | 7 | + \$ 180 =        |                        | OR |                               |                        |
| 一                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                 |                                           |       |              |                                 |                  |   | TOTAL ADDIT.      |                        | OR | TOTAL ADDIT.                  |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                             |                                           |       |              |                                 |                  |   |                   |                        |    |                               |                        |